



I. APPLICANT INFORMATION *(Please attach applicant's biographical sketch to this application form)*

Name, Degree

Institution *(Must be located in the US)*

ORCID iD *(optional)*

Mailing Address

City

State Zip/Postal Code

Phone Number

Email Address

X _____
 Name Date
 I acknowledge that I have read and understand the [Terms and Conditions](#) of this grant and the [Intellectual Property Statement](#), and approve its submission for funding consideration.

TRAINING/EDUCATION HISTORY

Current Position

Title

Program/Department

Date of Employment

NPI Number

Specialty(ies)

Medical Doctoral Degree

Institution

Degree Conferred

Year of Degree Conferral

CITIZENSHIP STATUS

AACR MEMBERSHIP NUMBER *(or provide proof of application for membership when you submit your application)*

COMPANY AND PROGRAM PREFERENCE *(Please rank programs in order of preference)*

- AstraZeneca (Rank: 1)
 - Early- and late-stage clinical development including, but not limited to, antibody-drug conjugates, immunotherapy, and cell therapy

CURRENT INSTITUTIONAL MENTOR CONTACT INFORMATION *(Please attach current institutional mentor's biographical sketch to this application form)*

Name, Degree

Phone Number

Email Address

INSTITUTIONAL CONTACT INFORMATION

Name, Title

Phone Number

Email Address

X _____
 Signature Date
 I acknowledge that I have read and understand the [Terms and Conditions](#) of this grant and the [Intellectual Property Statement](#), and approve its submission for funding consideration.

TECH TRANSFER OFFICE CONTACT INFORMATION

Name, Title

Phone Number

Email Address

X _____
 Signature Date
 I acknowledge that I have read and understand the [Intellectual Property Statement](#).

Please keep a copy of the signed page for your records.



II. PERSONAL STATEMENT *(Limited to Two Pages; Continued)*

Applicants should include details about their 1) medical and scientific background; 2) motivation for wanting to participate in the AACR CORE program; and 3) career goals and measurable objectives, including how the experience at a pharmaceutical company will enhance their research skills and contribute to their career advancement.



III. BUDGET JUSTIFICATION *(Limited to One Page)*

Applicants must submit a budget in the amount of \$100,000 over a one-year grant term.

The following expenditures are permitted under this grant:

- salary and benefits of the fellow;
- travel to the Annual Grantee Recognition Event (attendance required);
- indirect costs for up to a maximum of 20% of the total direct costs.

In addition to the grant funds, a limited stipend of up to \$7,500 may be provided separate from the grant funding to cover necessary costs for the fellow to travel to and from the industry site prior to the start of the one-year term to secure accommodations, and to travel to and from the industry site at the beginning and end of the one-year term.

CATEGORY/EXPLANATION	AMOUNT REQUESTED
PERSONNEL	
Include explanation here.	\$
FRINGE BENEFITS	
Include explanation here.	\$
TRAVEL <i>(Up to \$2,000 may be requested to support grantee’s attendance at the AACR’s Annual Grantee Recognition Event. No other travel is permitted. Travel funds are for the grantee only.)</i>	
Include explanation here.	\$
INDIRECT COSTS <i>(up to a maximum of 20% of the total direct costs may be requested)</i>	
Include explanation here.	\$



IV. SECURED AND PENDING SUPPORT *(Limited to One Page)*

In the table provided, list all support (institutional, federal, etc.) that has either been **secured** or is **pending** and may be used in whole or in part by the applicant during the term of this grant. Only funding sources that provide support specifically for the applicant should be listed, which includes those grants for which the applicant is not the Principal Investigator. This may include support for different projects.

If not applicable, type "N/A" into the first field.

NOTE: *If at any time prior to selection and notification an applicant is awarded any additional funding, the applicant **must** notify the AACR immediately.*

Name of Principal Investigator	Name of Grant/Funding Source	Funding Agency	Grant Term	Amount of Funding	Percent Effort	Secured or Pending?